EXHIBIT tabbies 1

Employer's Accident Report

(formerly: Employer's First Report of Accident)
Virginia Worker's Compensation Commission
1000 DMV Drive Richmond VA 23220

See instructions on the reverse of this form

The boxes To the right Are for the use of the insurer

Reason for filing	VWC file number
Insurer code or PEO Ref. No.	Insurer location: Norfolk, VA
Insurer claim number: 1199-WC-20-0000219	

Employer

1. Name of employer (trading as or doing business as, if applicable)	2. Federal Tax Identification No.	3. Employer's Case No. (if applicable)
Sherwd Forest ES Operations (NPS-156)	54-6001460	
4. Mailing address: 3035 Sherwood Forest Lane, Norfolk VA 23513	5. Location (if different from mailing address): 3035 Sherwood Forest Lane, Norfolk VA 23513	
6. Parent corporation / Policy Named Insured (if applicable) or PEO name	7. Nature of business	
8. Name and Address of Insurer or self-insurer for this claim: Norfolk Public Schools, 800 East City Hall Ave, Suite 909	9. Policy Number: 548001460	10. Effective date: 07/01/2019

Time and Place of Accident

11. City or county where accident occurred	12. Date of injury: 09/23/2019	13. Hour of injury: 12:00 AM; 13a. Time began work	14. Date of incapacity	15. Hour of incapacity
16. Was employee paid in full for day of injury?		17. Was employee paid in full for day incapacity began?		
18. Date injury or illness reported: 09/17/2021	19. Person to whom reported	20. Name of other witness	21. If fatal, give date of death	

Employee

22. Name of employee (Last, First, Middle): Cheryl Jordan	23. Phone number: (000)000-0000	24. Sex: ___ Male X Female
25. Address: 5640 Infinity Ln Unit 306, Virginia Beach, VA 23464	26. Date of birth: 09/01/1969 28. Social security number: 242253805	27. Marital status: ___ Single ___ Divorced ___ Married ___ Widowed
29. Occupation at time of injury or illness: Principal, Elementary School	30. Is worker covered by PEO	31. Number of dependent children: 0

32. How long in current job? 0.00 Years	33. Date of Hire: 08/01/1996	34. Was employee paid on a piece work or hourly basis? ___ Piece work ___ Hourly			
35. Hours worked per day 0.00	36. Days worked per week 0	37. Value of perquisites per week: Food / meals	Lodging	Tips	Other
38. Wages per hour: $0.00	39. Earnings per week (inc. overtime): $0.00	$0.00	$0.00	$0.00	$0.00

Nature and Cause of Accident

40. Machine, tool, or object causing injury or illness	41. Specify part of machine, etc.
42. Describe fully how injury or illness occurred: Allergic reaction to rodent infestation	
43. Describe nature of injury or illness, including parts of body affected: All Other Occupational Disease Injury, NOC; Multiple Body Parts (Including	43a. Overnight inpatient hospitalization? 43b. Treated in Emergency Room?

44. Physician (name and address)	45. Hospital or Clinic (name and address)			
46. Probable length of disability Day(s)	47. Has employee returned to to work?	If yes	48. At what wage? 0.00	49. On what date?
50. EMPLOYER: prepared by (name, signature, title): Charles Wooding	51. Date: 09/28/2021			52. Phone number: (757)628-3856
53. INSURER: (name of processor)	54. Date			55. Phone number
56. THIRD PARTY ADMINISTRATOR (if applicable): CorVel Corporation	57. Address			58. Phone number

This report is required by the Virginia Workers' Compensation Act

Employer's Accident Report
VWC Form No. 3 (rev. 03/22/02)